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CASE 33513-US-PCT



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August 18, 2006

Date of Deposit

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PCT NATIONAL STAGE APPLICATION OF

BRINKMANN ET AL.

INTERNATIONAL APPLICATION NO: PCT/EP2004/014436

FILED: 17 DECEMBER 2004

U.S. APPLICATION NO: 10/583,106

35 USC §371 DATE: 15 JUNE 2006

FOR: USE OF SPHINGOSINE-1-PHOSPHATE (S1P) RECEPTOR
AGONISTS FOR THE TREATMENT OF BRAIN DEGENERATIVE
DISEASES

MS: Amendment

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

This paper is supplemental to the Information Disclosure Statement filed June 15, 2006. Since it is being filed within three months of the date of entry of the national stage as set forth in 37 C.F.R. §1.491 of the international application, no fees are required. If a fee is deemed to be required, the Commissioner is hereby authorized to charge such fee to Deposit Account No. 19-0134.

In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

These references were cited in a search report in a corresponding British application. Copies of these references and the search report are enclosed herewith. WO 03/29184 and WO 03/29205 were cited in the UK Search Report. US Patent number 6,963,012 and 6,960,692 are substantial equivalents to these references.

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Respectfully submitted,

Novartis
Corporate Intellectual Property
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Date: *August 17, 2006*

INFORMATION DISCLOSURE CITATION



ATTY. DOCKET NO.
33513-US-PCT
APPLICATION NO.
10/583,106
APPLICANT
BRINKMANN ET AL.
FILING DATE
JUNE 15, 2006

Group

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA	6,963,012	11/8/05	Kohno et al.	564	346	9/25/02
	AB	6,960,692	11/1/05	Kohno et al.	564	341	9/25/02
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES	NO
	AM	0 627 406	10/28/98	EP			<input type="checkbox"/>	<input type="checkbox"/>
	AN	1 002 792	7/14/04	EP			<input type="checkbox"/>	<input type="checkbox"/>
	AO	0 778 263	1/9/02	EP			<input type="checkbox"/>	<input type="checkbox"/>
	AP	02/18395	3/7/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AQ	02/076995	10/3/02	WO			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.
33513-US-PCT
APPLICATION NO.
10/583,106
APPLICANT
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Group

FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	CA	02/06268	1/24/02	WO (Abstract)			<input type="checkbox"/>	<input type="checkbox"/>
	CB	2002 316985	10/31/02	JP (Abstract)			<input type="checkbox"/>	<input type="checkbox"/>
	CC	03/029184	10/4/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CD	03/029205	10/4/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CE	03/061567	7/31/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CF						<input type="checkbox"/>	<input type="checkbox"/>
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	CH						<input type="checkbox"/>	<input type="checkbox"/>
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	CL						<input type="checkbox"/>	<input type="checkbox"/>
	CM						<input type="checkbox"/>	<input type="checkbox"/>
	CN						<input type="checkbox"/>	<input type="checkbox"/>
	CO						<input type="checkbox"/>	<input type="checkbox"/>
	CP						<input type="checkbox"/>	<input type="checkbox"/>
	CQ						<input type="checkbox"/>	<input type="checkbox"/>
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	CY						<input type="checkbox"/>	<input type="checkbox"/>
	CZ						<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER

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